

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | M.A. | | |
| O.I.P.E. CLASSIFIER | ✓ | 37 | 7/19 |
| FORMALITY REVIEW | act | 571 | 08/22/07 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
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| Final | |
| Original | |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

BEST AVAILABLE COPY

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7-24-07
P.M.
R.S.